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10/614,649	07/07/2003	Joanne R. Bonnell	2002P20262 US01	7643

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5th Floor
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EXAMINER

KRAMER, JAMES A

ART UNIT	PAPER NUMBER
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3627

DATE MAILED: 04/26/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary

Application No.

10/614,649

Applicant(s)

BONNELL, JOANNE R.

Examiner

James A. Kramer

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 16 February 2005.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-30 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-30 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☒ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
Paper No(s)/Mail Date 2/16/05
- 4) ☐ Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____
- 5) ☐ Notice of Informal Patent Application (PTO-152)
- 6) ☐ Other: _____

DETAILED ACTION

Continued Examination Under 37 CFR 1.114

A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 2/16/05 has been entered.

Claim Rejections - 35 USC § 112

The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

Claims 1-16, 22-25 and 28-30 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

Claim one contains limitation "first income amount total values" twice (lines 3-4 and line 16) representing substantially different things. (also reference claim 15) Specifically,

- Lines 3-4 claims, "a message processor for receiving message data including a **first income amount total value** representing cash income received during a first time period"
- Lines 15-16 claims a data processor for "collating and combining data representing total values from a plurality of income account to provide a **first income amount total value** representing combined cash income total value for said departments during said first time period."

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The recitation of two “first income amount total values” representing substantially different things renders the claims indefinite.

Examiner believes that Applicant describes this feature on page 10; lines 7-11 of the Specification. In particular it appears that the 2nd recitation of “first income amount total value” on line 16 is a typographical error. Relying on the language of Claim 17, Examiner interprets the second “first income amount total value” on line 16 to be “first income amount cumulative total value”.

Claim 2; lines 2-4 contains the following limitation, “said received message data identifies medical insurance reimbursement income amounts received for services rendered to multiple patients during said first time period.” (also reference claims 4, 8, 1, 28 and 30)

Examiner notes that this is contrary to the message data claimed in Claim 1; lines 3-5, “message data including a first income amount total value, representing cash income received during a first time period and an associated first income source identifier identifying one of a plurality of departments internal to said hospital providing said associated first income amount total value.”

Examiner asserts that it is unclear how the message data representing cash income provided by a department internal to a hospital (as required by claim 1) can also represent “medical insurance reimbursement income amounts received for services rendered to multiple patients during said first time period” (i.e. from an insurance company / outside source) as required by claim 2.

For this reason, the claim stands as rejected for being indefinite.

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Examiner believes that Applicant describes this feature on page 10; lines 18-29 of the Specification. It appears from this description that Applicant's invention includes a plurality of embodiments. The first embodiment includes the message data as described in claim 1, whereas the message data claimed in Claim 2 is part of a second embodiment. In addition, Examiner relies on Claim 17, which includes receiving a first and second message data. As such Examiner interprets claim 2 to include receiving a second message data, as recited in Claim 17.

Claim 22 recites the limitation "said received message data" in line 2 (also see claims 23 and 25). There is insufficient antecedent basis for this limitation in the claim. In particular, claim 17 (from which claim 22 depends) receives a first and second message data, as such it is unclear which message data is the "said message data" recited in claim 22.

Claims 8 and 22 recite the limitation "said associated medical reimbursement income amount" on line 6. Examiner notes that there is no antecedent basis for this limitation. The claims recite medical insurance reimbursement income amounts but these appear to be amounts paid by an insurance company. In contrast the "said associated medical reimbursement income amount" of line 6 appears to be provided by the patient.

Examiner notes that upon reading the Specification and the claims, it is unclear what the "said associated medical reimbursement income amount" represents. Further, the "said associated medical reimbursement income amount" appears to carry little weight in the claim as it merely is used to describe the patient identifier. As such Examiner interprets the claim such

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that the patient identifier identifies the patient associated with the medical insurance reimbursement income amount.

Claim Rejections - 35 USC § 102

(e) the invention was described in (1) an application for patent, published under section 122(b), by another filed in the United States before the invention by the applicant for patent or (2) a patent granted on an application for patent by another filed in the United States before the invention by the applicant for patent, except that an international application filed under the treaty defined in section 351(a) shall have the effects for purposes of this subsection of an application filed in the United States only if the international application designated the United States and was published under Article 21(2) of such treaty in the English language.

Claims 1, 3, 5-7, 9-15 and 26-27 are rejected under 35 U.S.C. 102(e) as being anticipated by Millary et al.

Millary et al. teaches a point of service transaction management for service facilities including a message processor for receiving message data including a first income amount total value, representing cash income received during a first time period, and an associated first income source identifier identifying one of a plurality of departments internal to a hospital providing said associated first income amount total value (see page 4, paragraph 0061 and page 8, paragraph 0097) (claims 1, 15 and 26).

Examiner notes that data importation of Millary et al. represents receiving data and the batch update represents the received message data for a first time period (e.g. once daily). Additionally the accounting codes associated with payment and associated with location (i.e. department) of Millary et al. represent income source identifier (page 4, paragraph 0061) Examiner asserts that as Millary et al. teaches the batch data includes transaction types, departments in which transaction occurred, payments, balance changes and the like, the system teaches receiving payment amounts (first income amount total value) with payment codes (income source identifiers) for a time period (once daily).

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Millary et al. further teaches a data processor for automatically processing the received message data by

- identifying an income account associated with said one of said departments based on said first income source identifier, and for updating said identified income account with said first income amount value to indicate said first income amount value received by said identified income account during said first time period;
- collating and combining data representing total values from a plurality of income accounts to provide a first income amount cumulative total value representing combined cash income total value for said departments during said first time period and

(see page 2, paragraph 0046; page 4, paragraph 61) (claims 1 and 15).

Examiner notes that Millary et al. teaches the inclusion of payment codes allows for payments from multiple categories of an accounting ledger (page 4; paragraph 0061 lines 1-3).

Examiner notes that categories of an accounting ledger represents an income account and the accounting code represents the first income source identifier, which is associated with the payment amount (page 4; paragraph 0061; lines 9-10).

Examiner also notes that the interaction of the user terminals with the database capable of storing, accumulating and structuring information related to the services represents collating and combining the data (page 2; paragraph 0046, lines 7-10)

Millary et al further teaches creating a financial statement record using said combined cash income total value for said departments during first time period (claims 1, 15 and 26) (see page 5, paragraph 0074 through page 6, paragraph 0077 and Figures 9-14 and 34-35).

Examiner further notes that the generation of administrative reports taught by Millary et al. represents Applicant's creating financial statement records. In particular, Millary et al.'s

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teaching of “reporting at each level in any system” (page 5, paragraph 0074, lines 19-20 and Figure 34) represents a first income amount cumulative total value representing combined cash income total value for departments. Examiner notes that Figure 13 specifically illustrates a cumulative total value at the provider site level. As previously stated, since Millary et al. teaches similar reports at each level in the system and as department is one of the levels (Figure 34 and page 5, paragraph 0074, lines 10-12), Millary et al. anticipates a report similar to the one illustrated in Figure 13 at the department level.

Millary et al. teaches that the received message data is derived from a processing device associating a user selected income source identifier with said first income amount total value and wherein said processing device provides cash register functions (claim 3) (pages 3-4, paragraph 0060).

Millary et al. teaches received message data identifies a plurality of individual cash transactions performed during first time period and associated with a hospital department, and said first income amount total value comprises a total transaction income amount value for first time period (claim 5) (see page 3, paragraph 0059, lines 7-1; page 4; paragraph 0061, lines 3-7 and page 8; paragraph 0097, lines 4-5). Examiner notes that the POS system of Millary et al. accepts cash payments associated with a hospital department. Again Examiner points out that Millary et al. teaches processing over a time interval (first time period) such as once daily.

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Millary et al. teaches a transaction income amount value comprises a disbursement comprising a negative income amount value (claim 6) (page 2, paragraph 0047). Examiner notes that a credit to a user is a disbursement of funds and represents a negative income amount value.

Millary et al. teaches the received message data comprises a file (page 8, paragraph 0097, lines 3-5) and an individual cash transaction comprises an electronic funds transfer (page 3, paragraph 0059, lines 7-10) (claim 7).

Millary et al. teaches received message data identifies a plurality of individual cash transactions performed during said first time period and associated with a hospital department and said first income amount total value comprises a transaction income amount value (see page 3, paragraph 0059, lines 7-10; and page 8, paragraph 0097) and said data processor accumulates a plurality of individual cash transaction income amount values for transactions performed during said first time period for said hospital department to provide a cumulative total value for said first time period (see page 2, paragraph 0046; page 5, paragraph 0074 through page 6, paragraph 0077 and Figures 9-14 and 34-35) (claims 9 and 15).

Examiner notes that the transactions of Millary et al. represent cash transactions and as such the income amount value comprises transaction income amount value (page 3, paragraph 0059, lines 7-10). Additionally, as previously stated, page 8, paragraph 0097 teaches Applicant's message data which identifies the payment transactions over a time period (e.g. once daily).

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Examiner notes that page 2, paragraph 0046 of Millary et al. teaches the system capable of storing, accumulating and structuring information related to fees accrued as a result of services rendered. This teaching, coupled with the teaching of the fees accrued being cash transactions, represents Applicant's "data processor accumulates a plurality of individual cash transaction income amount values for transactions performed during said first time period for said hospital department to provide a cumulative total value for said first time period."

Millary et al. teaches source identifier incorporates an account number identifying income account associated with said one of said departments (claim 10) (page 4, paragraph 61.

As previously explained, the accounting codes of Millary et al. represents Applicant's income source identifier. As such they clearly include an account number.

Millary et al. teaches data processor updates an account for the overall hospital in response to said first income amount total value representing combined cash income for said departments for said first time period (claim 11) (see page 5, paragraph 0074 through page 6, paragraph 0077 and Figures 9-14 and 34-35).

Examiner makes special note of page 5, paragraph 0076, lines 8-10 and Figure 13 which specifically states, "reports may be available by provider site, for overall terminals present at each site." The provider site is a hospital and these reports represent updates to an account for the overall hospital.

Millary et al. teaches data processor updates an account for a plurality of hospitals including said hospital in response to said first income amount total value representing combined cash income for said departments for said first time period (claim 12) (see page 6, paragraph 0077).

Examiner notes that the use of the system and method of Millary et al. across locations (emphasis on the plural) to allow for the generation of reports, represents that the data processor is capable of updating an account for a plurality of hospitals (or locations).

Millary et al. teaches financial statement record identifies at least one of, (1) a total income received by individual departments of said plurality of departments during said first time period, (b) total income received by individual departments of said plurality of departments during said first time period deposited in a bank and (c) individual cash transactions performed during said first time period by individual hospital department (claim 13) (see page 5, paragraph 0074 through page 6, paragraph 0077 and Figures 9-14 and 34-35). Examiner once again notes that the system and method of Millary et al. allows for reporting at each level in any system, as a result Millary at the very least teaches reporting on a total income received by individual departments for a time period (i.e. end of shift reports).

Millary et al. teaches the first time period comprises at least one of (i) a day, (ii) a week, (iii) a month and (iv) a year. Examiner once again points out that Millary et al. teaches end of shift batch reporting (page 5, paragraph 0075, line 4) as well as once daily reporting (page 8,

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paragraph 0097, line 5) both of these represent, at the very least, Applicant's first time period comprising at least a day.

Millary et al. further teaches said departments internal to said hospital including at least two of (a) a cafeteria, (b) a garage, (c) a shop, (d) a pharmacy, (e) a café or restaurant, (f) cashier's office, (g) a clinical department, (h) an outpatient department, (i) an inpatient department, (j) an imaging department and (k) a laboratory (claim 14) (see page 6, paragraph 0082, lines 6-9).

Millary et al. teaches:

- message data also indicating a plurality of individual cash transactions performed during said first time period and associated with multiple patients and
- an individual message data item includes transaction income amount value and an associated transaction income source identifier, identifying one of a plurality of patients providing said associated transaction income amount value;
- a data processor for identifying an income account associated with one of said patients based on transaction income source identifier, and for updating said identified income account to indicate said transaction income amount value received by said identified income account during said time period.

(see page 4, paragraph 0069 and page 8, paragraph 0097).

Examiner notes that Applicant's transaction income source identifier identifying a patient is a patient ID number and as Millary et al. teaches the ability to update a unique record for "client A" the data must include a identifier to client A (i.e. a transaction income source identifier).

Further the updating of the unique record for client A represents "identifying an income account associated with one of said patients based on transaction income source identifier, and

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for updating said identified income account to indicate said transaction income amount value received by said identified income account.”

Millary et al. teaches that the received message data comprises a file (page 8, paragraph 0097, lines 3-5).

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

Claims 2, 4, 8, 16, 17-25 and 28-30 are rejected under 35 U.S.C. 103(a) as being unpatentable over Millary et al. in view of Barber et al.

Millary et al. as described in detail above does not teach receiving message data including a second income amount total value representing income received during a first time period and an associated second source identifier, said second source identifier identifying one of a plurality of organizations external to said hospital providing said associated second income total value (claim 17), wherein said second received message data identifies medical insurance reimbursement income amounts received for services rendered to patients during first time period (claim 2) and an associated patient identifier (claims 4, 8, 16, 22 and 28) wherein the external organization include at least two of (a) HMO, (b) insurance company, (c) patient, (d) a debt collection agency and (e) another health care provider enterprise (claim 20).

Barber et al. teaches a medical payment system in which a central processing system associated with a medical facility is in communication with insurance carriers, banks and e-mail (Figure 1) in order to receive compensation via electronic funds transfer for services provided to patients (column 3, line 60 through column 4, line 10). Examiner notes that receiving compensation for medical services provided represents receiving message data including a second income amount value representing medical insurance reimbursement income amounts and an associated patient identifier.

It would have been obvious to a person of ordinary skill in the art at the time the invention was made to modify the receiver location/central processing system of Millary et al. to include a communication link with insurance carriers, banks and e-mail; and to receive compensation via electronic funds transfer as taught by Barber et al. Examiner notes that one of ordinary skill in the art would have been motivated to modify the references as taught in order to provide funds directly from insurance carriers to a hospitals bank.

Examiner further notes with reference to claim 20, the external organization includes insurance companies and either patients or debt collectors. Examiner notes that financial institutions and email (as taught by Barber et al.) represents contact with patients as the system of Barber et al. utilizes these connections to collect money not reimbursed by the insurance company.

Millary et al. in view of Barber et al. teaches collating and combining second income amount total values from external organizations to provide a cumulative total value representing combined cash income from said organizations (claims 17 and 30).

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Examiner once again notes that Millary et al. teaches databases capable of storing, accumulating and structuring information related to fees accrued for services (page 2, paragraph 0046). As the insurance reimbursement amounts of Barber et al. represent fees accrued for services, the databases of Millary et al. are capable of collating and combining that data. In other words, since it is obvious to incorporate the second data of Barber et al in to the system of Millary et al. it is also obvious to perform all the same sorting, combining, accumulating and reporting as previously taught by Millary et al. on the incorporated data.

Examiner notes that the same analysis applies for creating financial statement records using second income amount total values.

Millary et al. in view of Barber does not specifically teach combining the reimbursement income amounts with the internal cash income total values to provide a department total amount (claim 2), an updated patient income account (claims 4, 8, 16, 22, and 28) and combined cash income for said hospital (claims 19 and 29).

Examiner once again points out that Millary et al. teaches reports at any level within a hospital including department level reports and hospital level reports (page 5, paragraph 0074 through page 6, paragraph 0078). Further Millary et al. teaches patient balance reports (page 5, paragraph 0082). For further analysis as to these teachings see the rejection under 35 U.S.C. 102(e).

Again Examiner asserts that once the insurance reimbursement data of Barber et al. is imported to the system of Millary et al. it would then be obvious to one of ordinary skill in the art at the time the invention was made to use the insurance reimbursement data as part of the

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previously described reports of Millary et al. One of ordinary skill would have been motivated to include the insurance reimbursement income amounts in the reports of Millary et al. in order to provide the most accurate information in the reports.

Millary et al. teaches the first time period comprises at least one of (i) a day, (ii) a week, (iii) a month and (iv) a year. Examiner once again points out that Millary et al. teaches end of shift batch reporting (page 5, paragraph 0075, line 4) as well as once daily reporting (page 8, paragraph 0097, line 5) both of these represent, at the very least, Applicant's first time period comprising at least a day.

Millary et al. further teaches said departments internal to said hospital including at least two of (a) a cafeteria, (b) a garage, (c) a shop, (d) a pharmacy, (e) a café or restaurant, (f) cashier's office, (g) a clinical department, (h) an outpatient department, (i) an inpatient department, (j) an imaging department and (k) a laboratory (claim 18) (see page 6, paragraph 0082, lines 6-9).

Millary et al. teaches the first income amount total value is received from at least one of (a) a cash register and (b) a processing device with cash register functions (abstract). Examiner notes that an integrated point-of-service transaction management system is a system with cash register functions.

Millary et al. teaches received message data identifies a plurality of individual cash transactions performed during first time period and associated with a hospital department, and

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said first income amount total value comprises a total transaction income amount value for first time period (claim 22) (see page 3, paragraph 0059, lines 7-1; page 4; paragraph 0061, lines 3-7 and page 8; paragraph 0097, lines 4-5). Examiner notes that the POS system of Millary et al. accepts cash payments associated with a hospital department. Again Examiner points out that Millary et al. teaches processing over a time interval (first time period) such as once daily.

Millary et al. teaches a transaction income amount value comprises a disbursement comprising a negative income amount value (claim 24) (page 2, paragraph 0047). Examiner notes that a credit to a user is a disbursement of funds and represents a negative income amount value.

Millary et al. teaches said received message data comprises a file (page 8 ; paragraph 0097) (claims 25 and 27).

Response to Arguments

Applicant's arguments with respect to claims 1- 30 have been considered but are moot in view of the new ground(s) of rejection.

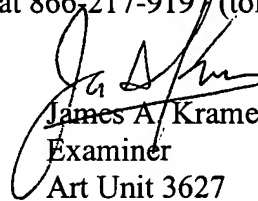
Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to James A. Kramer whose telephone number is (571) 272 6783. The examiner can normally be reached on Monday - Friday (8AM - 5PM).

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If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Richard Chilcot can be reached on (571) 272 6777. The fax phone number for the organization where this application or proceeding is assigned is 703-872-9306.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

 4/20/05
James A. Kramer
Examiner
Art Unit 3627

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